STATEWIDE PROGRAM STANDING COMMITTEE
FOR ADULT MENTAL HEALTH

Meeting Notes
March 13, 2006

MEMBERS: Kitty Gallagher, David Mitchell, Clare Munat, Sue Powers, Marty Roberts, Jim Walsh, and Lynn Haas

DMH STAFF: Patti Barlow, Wendy Beinner, Melinda Murtaugh, Frank Reed, Terry Rowe, and Tom Simpatico

PUBLIC: Anne Donahue, Larry Lewak, Jack McCullough, Michael Sabourin, and Scott Thompson

## Facilitation

Marty Roberts and Clare Munat serially facilitated today's meeting.

## Various Reports on the Vermont State Hospital (VSH): Terry Rowe

**Safety Inspection.** Terry reported on the recent safety inspection at the State Hospital. VSH contracted with Gary Graham of Graham/Meus Architects, in Boston, and Carroll "Bud" Ockert, a retired JCAHO (Joint Commission on Accreditation of Healthcare Organizations) surveyor, to do the inspection. Their findings were mostly refinements of earlier recommendations. Potentially the most expensive shortcoming to correct will be the dead-end corridor on the Brooks Rehabilitation Unit, but consultation with the fire marshal may bring some relief. Terry will send Standing Committee members a copy of the full report on the safety inspection when she receives one.

**Department of Justice (DOJ).** DOJ representatives are to return the week of May 8. Their purpose this time will be to get a baseline for current practices at VSH. Major improvements in charts have been made since the initial chart reviews and findings of fact of several months ago.

**Reports to Board of Health.** VSH sends reports on both a weekly and a monthly basis to the Board of Health.

**Mock Survey.** A mock survey of VSH according to general hospital regulations was made last month. VSH passed that survey. Another survey, on psychiatric hospital regulations, is anticipated in the near future.

**Group Therapy at VSH.** In response to questions from Kitty Gallagher about groups available at the State Hospital and patients' participation in them, Terry explained that VSH has a variety of groups: cooking, Dialectical Behavioral Therapy (DBT), occupational therapy, skills, and so on. Patients are encouraged to participate in them but are not required to do so.

**Discharge Planning: Tom Simpatico**

**UCLA (University of California at Los Angeles) Modules.** Tom Simpatico talked about the UCLA modules soon to be introduced at VSH. These modules, like evidence-based practices in community treatment of mental illnesses, have proven efficacy in helping patients attain higher functioning levels. In addition, they open a door to a new degree of continuity of care with community providers and they have more potential for consistency of treatment, Tom said. Closer collaboration with community providers will follow when it becomes clear that the modules are having the anticipated impact.

**Concerns Over Continuity of Care.** Lyn Haas expressed concerns over continuity of care between hospital and community for adults leaving the State Hospital if these new modules were introduced without being available in the designated agencies, and she asked for more information. Frank Reed clarified that the modules would not reflect new or different practices being introduced. He offered his understanding that the modules packaged existing practices in a manner that was shown to have better outcomes for patients, so they are compatible with treatment concepts in the community already. Terry offered to provide the overview and descriptions of the modules to Standing Committee members.

**Inpatient-Outpatient Treatment Coordination and Communication.** Tom meets regularly with Directors of Community Rehabilitation and Treatment Services at the designated agencies. In considering any new programming for the State Hospital, he said that he always thinks about the impact on other providers. What is happening at VSH is happening in the context of the system-of-care project, which is part of Futures planning, that is, managing care from one level of the system to the next. Tom mentioned the "docking station" concept of enhancing communications between community providers and VSH via Web forms that could be used by physicians, nurses, and social workers. This Web-based docking station is still in development.

Tom would like to see standardized language for assessments across all parts of the system. Two agencies are using LOCUS (Level of Care Utilization System) ratings now, and he would like to see larger movement toward it so that inpatient and outpatient providers will have both pre- and post-hospitalization LOCUS scores. In the future, it has been agreed that providers will give VSH more—and more consistent—information about medications, treatment notes, treatment plans, and the annual reviews of clients in community-based programs.

As for other inpatient providers, Tom has plans to bring directors and medical directors of designated hospitals to VSH every other month for face-to-face collaboration and exploration of what is working, what is not, and how to remove barriers to treatment success. The face-to-face meetings will alternate with conference calls over the telephone in off-months. The object of these meetings and telephone calls will be to clarify in an ongoing way how well the whole system is working according to movements of people through changing levels of care as their needs change.

**Application for a Grant for a Mental Health Court In Vermont: Larry Lewack and Tom Simpatico**

Far too many people with mental illness who commit crimes end up in the correctional system after going to court and being convicted, Larry Lewack said. He offered the Chittenden County District Court as a good working model of an alternative, a mental health court, which has grown in numbers and heightened respect in recent years. (A few years ago, there were four mental health courts in the United States; now there are 154 such courts.) The basic idea is to allow for disposition of criminal cases to include the mental health treatment that is needed for defendants with mental illnesses. Mental health courts are voluntary, and they open up the possibility of incarceration for less time than would otherwise be imposed.

Both Larry and Tom Simpatico spoke in favor of responding to a Request for Proposals (RFP) for a grant to explore the feasibility of mental health courts. The amount of the grant is $200,000.00. Proposed applicants would be VSH, the National Alliance for the Mentally Ill of Vermont (NAMI—VT), the University of Vermont, the Office of the Court Administrator, and the Howard Center for Human Services. The applicants want consumers to be part of the process too.

Marty expressed reservations about mental health courts, and Lyn wondered about the financial feasibility and sustainability of this kind of project for Vermont. Clare spoke in favor of mental health courts. Lyn made a motion that the Standing Committee support the application "with due caution," and with the understanding that consumers will be involved in the process. Clare seconded the motion. Lyn asked that the proposal as it develops be presented again to the Statewide Program Standing Committee, with the possibility of a letter of support for the application later on. The five Standing Committee members in the room at the time of the vote voted in favor of Lyn's motion. There were no abstentions.

**Conditional Voluntary/Voluntary Admissions Policy: Wendy Beinner**

Wendy distributed copies of 18 V.S.A. § 8010 on the release and discharge of voluntary psychiatric patients. She also distributed copies of the minutes of the most recent meeting (February 21, 2006) of designated hospital (DH) representatives on the subject. DHs are currently working with the Division of Mental Health (DMH) to establish conditional voluntary criteria on an interim basis.

The statute does not mention the term "conditional voluntary" status. Nevertheless, this terminology is used to describe the voluntary admission described in the above law, which permits the head of the hospital to detain a patient "for a period not to exceed four days from receipt" of the patient's notice of intent to leave if the patient is determined to be in need of further mental-health treatment and the patient agreed to this conditional voluntary admission when he/she was admitted for treatment. Conditional voluntary admissions have entered into widespread usage at all but one of Vermont's hospitals designated for involuntary inpatient care (Central Vermont Medical Center, or CVMC, is the exception).

DMH is in favor of an admissions policy that begins with the assumption that a person has a right to voluntary care. Some advocates take the position that the "conditional voluntary" status is not necessary. The designated hospitals would agree to eliminate conditional voluntary status as long as the law is changed to allow the hospital to hold a patient long enough to complete an application for emergency examination. Another meeting is scheduled for this Thursday (that is, March 16, 2006) to continue the discussion, with ideas to be circulated to the broader community for further development.

Clare asked how an advance directive would enter into the scheme of things. In various ways, Wendy replied, but an advance directive can always be revoked and it is really part of another discussion, she said.

Jack McCullough asked, is conditional voluntary ever acceptable? In his opinion, this type of admission is discriminatory in that it is available for mental patients only. Hospitals cannot keep other patients who decide to leave. The argument against conditional voluntary status is that it violates the Americans with Disabilities Act. Designated hospitals are willing to do away with the conditional voluntary status if they have some assurance that they can hold people who, for example, want to leave to commit suicide. Jack stated his belief that hospitals would not be legally responsible in such cases. Lyn offered her opinion that the lack of legal responsibility may be technically correct, but families and the public would blame the hospitals anyway. Jack stated his dislike for the possibility of holding someone for one to four hours to complete an application for an emergency examination because that would in effect convert every voluntary admission to conditional voluntary for between one and four hours.

The VAHHS (Vermont Association of Hospital and Health Systems) group working on conditional voluntary with DMH representatives as well as Anne Donahue, Jack McCullough, and A.J. Rubin is "mostly in agreement," according to Wendy. Jack has drafted replacement legislation. DMH does not regard conditional voluntary status as being in violation of the law, as some advocates have claimed. DMH supports the legislative change because the admission of all patients as conditional voluntary is bad policy, Wendy concluded.

At the end of the discussion, Wendy distributed the conditional voluntary form that patients must sign. Marty looked at it and said that she cannot imagine being willing to sign such a document. Anne Donahue agreed with Marty. From the clinical point of view, Jim Walsh explained that there are valid reasons to ask people to sign these forms. The criterion of dangerousness here is very serious. Also, a person who might be subject to involuntary care will consent to being admitted on conditional voluntary status instead. The Windham Center has not had a single grievance in seven years as a result of the form, Jim said. The hospital uses a two-day notice period, which, frequently, is in effect a one-day notice. David Mitchell respectfully disagreed with Jack McCullough on hospital responsibility for patients. They go to the hospital asking for help, David said, and if the hospital accepts them, then it has a duty to them. If a patient leaves, then the hospital is considered negligent, in David's view.

Anne passed around a draft that she and Dr. Peter Thomashow, of CVMC, have put together for "consent to admission to inpatient psychiatry." Anne argued that the ability to hold a person for a short time is implicit in provisions for emergency psychiatric examinations. Wendy reiterated her assertion that the group working on the conditional voluntary issue is very close to agree-

ment. Anne and Wendy disagreed over whether the statute allows someone to be held involuntarily, even for a short time, under the current law. Wendy has the opinion that a statutory change is needed in order to do that without a warrant. The discussion closed with the issue unresolved.

**Transportation Policy: Patti Barlow**

Patti had several handouts for the Standing Committee:

- Transport Information Checklist (a work in progress for adults and children, Patti said)
- Policy Statement on Restraint and Transport of Individuals in Involuntary Care
- Protocol for Transport of Individuals to an Involuntary Hospital Setting for an Emergency Evaluation
- Tabular summation: Adult Involuntary Transport Projections for Alternative to Secure Transport" (that is, transport by Sheriffs' Departments), based on FY 2005 data

DMH's policy on transport for children and adolescents is further developed than on transport for adults, Patti said. The system for adults is different from the system for children for several reasons. One of the first steps that DMH will take is to choose a point person for the discussion around adult transport (that person will probably be Frank Reed).

Kitty observed that New York State has a peer-support system of transport. Anne asked about transport of forensic clients. Wendy replied that the district courts require sheriffs' transport. Lyn remarked on the difference between secure transport and restraint. Why, she asked, cannot legislation deal with the need (or not) for restraints? Wendy said that the sheriffs are not willing even to discuss not being able to restrain people on their way to hospitalization. Patti informed the Standing Committee that DMH has purchased soft restraints and has given them to all sheriffs' departments in the state.

Lyn stated her desire for the Standing Committee to take the initiative in letting the Senate know that the committee strongly supports Senate action on the bill already passed by the House and currently in the Senate Health and Welfare Committee. Anne said that Health and Welfare just needs to hear from people who want the bill taken up. Clare volunteered to write a letter for the Standing Committee. Individual members may follow up with telephone calls to their senators.

**Futures Update: Frank Reed**

With time for the meeting growing short, Frank distributed a summary of important recent developments in regard to VSH Futures planning. Of most interest to the Standing Committee, Frank thought, would be the work of the care management planning group and the Futures Advisory Committee.

**Public Comment: Anne Donahue**

- The next meeting of the Legislative Mental Health Oversight Committee is on Wednesday, March 22. It is important for legislators to hear testimony from stakeholders, Anne said.
- The next meeting of the Futures Advisory Committee is Monday, March 20. A draft of the Futures Plan is supposed to be available today, Anne added.
- Anne noted a lot of concern over the way communities have withheld their support in the process of DMH's efforts to locate sites for subacute facilities. She conveyed a rumor that is going around about agreement on a possible third site (after Vergennes and Greensboro) for a subacute facility. She did not name the new location.
- Anne is concerned over communication gaps that are leaving employees of the Vermont State Hospital uninformed about updates on Futures developments that other stakeholders seem to be getting regularly in their e-mail. The Mental Health Oversight Committee considers it essential that VSH employees be updated as regularly as anyone else. They should have notices in their mailboxes.

Clare expressed her belief that supporting the Futures Project is critical. It is a way to move forward and make the system better. She offered to write a letter to Governor Douglas as a formal show of support from the Standing Committee for Futures planning. She will also write the Appropriations Committees a similar letter; individual Standing Committee members may do the same.

Anne noted a general impression of considerable dissension over the Futures Project, but that is not exactly so, she said. In her view, there may be disagreements over details, but everyone agrees on the overall direction.

**DMH Updates: Frank Reed**

Key developments:

- ✓ The latest report card from the National Alliance for the Mentally Ill (NAMI)
- ✓ The 2006 independent study on Act 114 (covering involuntary nonemergency psychiatric medication at the Vermont State Hospital in 2005)
- ✓ Cuts in mental health block grant funding for Fiscal Year 2006

David Mitchell said that he was very impressed with the information in this year's Act 114 report. He would like to commend VSH staff for a job well done.

**Items for the April Agenda**

- ♦ Report on recovery
- ♦ Report from the Membership Committee
- ♦ Consumer-Driven Care
- ♦ Act 114 Report
- ♦ Re-designation: Health Care and Rehabilitation Services of Southeastern Vermont

- Mental-Health Training for Law Enforcement
- NAMI Report Card
- Another Update on Transportation

**Addendum: Materials Distributed at This Meeting**

- Announcement of Grand Rounds, March 17, 2006: "Mental Health Courts: Practice and Policy"
- National Mental Health Association: Position Statement on Mental Health Courts
- NAMI: "The 'Criminalization' Trend Is Today Worse Than Ever"
- Bureau of Justice Assistance: "The Essential Elements of a Mental Health Court"
- Vermont Statutes Online: 18 V.S.A. § 8010
- Minutes of Designated Hospital Representatives' Meeting, February 21, 2006
- Application for Conditional Voluntary Admission
- Donahue/Thomashow draft language for legislative change on "Consent to Admission to Inpatient Psychiatry"
- Transport Information Checklist
- DMH Policy Statement on "Restraint and Transport of Individuals in Involuntary Care"
- Protocol for Transport of Individuals to an Involuntary Hospital Setting for an Emergency Evaluation
- Adult Involuntary Transport Projections for Alternative to Secure Transport (i.e., by Sheriffs' Departments): Based on Fiscal Year 2005 Data
- Futures Update
- Press Release: "SAMHSA Issues Consensus Statement on Mental Health Recovery"
- From SAMHSA Website: "Transforming Mental Health Care in America. The Federal Action Agenda: First Steps"